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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Bring iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Peter First name J. Middle name Forstner Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-1420	

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Case number (if known)

Debtor 1 Peter J. Forstner

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☐ I have not used any business name or EINs. DBA Forstner Sales Inc. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	2471 Dickens Drive	If Debtor 2 lives at a different address:
		Aurora, IL 60503 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Will	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Peter J. Forstner

Par	Tell the Court About	Your E	Bankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are			orief description of each, see N go to the top of page 1 and ch			S.C. § 342(b) for Individu	uals Filing for Bankruptcy
	choosing to file under	☐ Chapter 7						
		☐ Chapter 11						
			Chapter 12					
			Chapter 13					
8.	How you will pay the fee		about how yo	entire fee when I file my per u may pay. Typically, if you ar attorney is submitting your pa address.	e paying	the fee yourself,	you may pay with cash	, cashier's check, or money
			I need to pay	the fee in installments. If yo		e this option, sign	n and attach the Applica	ation for Individuals to Pay
		_	J	e in Installments (Official Form	,	this antion only	if you are filing for Char	tor 7. Dulous o judgo mos
			but is not req	It my fee be waived (You may uired to, waive your fee, and n ur family size and you are una	nay do so	only if your inco	ome is less than 150% of	of the official poverty line that
			the Application	on to Have the Chapter 7 Filing	g Fee Wa	nived (Official Fo	rm 103B) and file it with	your petition.
9.	Have you filed for bankruptcy within the	ПΝ	0.					
	last 8 years?	Y	es.					
			District	Northern District of IL, Eastern Division	When	6/29/18	Case number	18-18522
			District	Northern District of IL, Eastern Division	When	12/11/17	Case number	17-36674
			District	See Attachment	When		Case number	
					_			
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	es.					
			Debtor				Relationship to y	ou
			District		When		Case number, if	known
			Debtor				Relationship to y	ou
			District		When		Case number, if	known
11.	Do you rent your	■ N	o. Go to l	ine 12.				
	residence?	□ Y		ur landlord obtained an eviction	on judgm	ent against you?		
				No. Go to line 12.	-	-		
				Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	About ai	n Eviction Judgm	ent Against You (Form	101A) and file it as part of

Deb	tor 1 Peter J. Forstner		Docum	ent	Page 4 of 68 Case number (if known)
Pari	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprie	or	
42			· ·		
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	Go to Part 4.		
		Yes.	Name and location of bus	iness	s
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation,		Peter J. Forstner Name of business, if any		
	partnership, or LLC. If you have more than one		2471 Dickens Drive		
	sole proprietorship, use a		Aurora, IL 60503 Number, Street, City, Sta	o 8 710	ZID Codo
	separate sheet and attach it to this petition.		Check the appropriate bo		
	it to this petition.				(as defined in 11 U.S.C. § 101(27A))
			_	,	ate (as defined in 11 U.S.C. § 101(51B))
					ed in 11 U.S.C. § 101(53A))
			_ `		defined in 11 U.S.C. § 101(6))
			— Nama af tha alban	`	ruellilled iii 11 0.5.6. § 101(0))
			None of the abov		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline: operation	s. If you indicate that you are as, cash-flow statement, and s.C. 1116(1)(B).	a small ederal i	t must know whether you are a small business debtor so that it can set appropriate hall business debtor, you must attach your most recent balance sheet, statement of all income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	No.	I am not filing under Chap	ter 11.	1.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but	out I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter	11 and	nd I am a small business debtor according to the definition in the Bankruptcy Code.
Part	Penort if You Own or	Have Any	, Hazardous Property or An	y Prone	operty That Needs Immediate Attention
	<u> </u>		Thazardous i roperty or An	утторс	Sperty That Needs inimediate Attention
14.	Do you own or have any property that poses or is	No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?		
	For example, do you own perishable goods, or				

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed, or a building that needs urgent repairs?

Debtor 1 Peter J. Forstner

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	Peter J. Forstner			Case nu	mber (if known)
Par	t 6: Answer These Quest	ions for Repo	rting Purposes		
16.	What kind of debts do you have?			umer debts? Consumer debts are I, family, or household purpose."	defined in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
		-	Yes. Go to line 17.		
				ess debts? Business debts are deent or through the operation of the	
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. St	ate the type of debts you owe	that are not consumer debts or bus	siness debts
17.	Are you filing under Chapter 7?	■ No. la	m not filing under Chapter 7. C	Go to line 18.	
	Do you estimate that after any exempt			ou estimate that after any exempt ble to distribute to unsecured credi	property is excluded and administrative expenses tors?
	property is excluded and administrative expenses		No		
	are paid that funds will be available for		Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	1 -49		□ 1,000-5,000	☐ 25,001-50,000
	you estimate that you owe?	■ 1-49 □ 50-99		□ 5001-10,000	☐ 50,001-100,000
	owe:	□ 100-199 □ 200-999		□ 10,001-25,000	☐ More than100,000
		200-999			
19.	How much do you estimate your assets to	\$0 - \$50,0		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?	□ \$50,001 - ■ \$100,001		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
		□ \$500,001		□ \$100,000,001 - \$500 million	
20.	How much do you	□ \$0 - \$50,0	000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	□ \$50,001		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
		■ \$100,001 □ \$500,001		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have exam	ned this petition, and I declare	under penalty of perjury that the i	nformation provided is true and correct.
					ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.
				pay or agree to pay someone who otice required by 11 U.S.C. § 342(b	is not an attorney to help me fill out this).
		I request reli	ef in accordance with the chap	eter of title 11, United States Code,	specified in this petition.
		bankruptcy of and 3571.	ase can result in fines up to \$2		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Peter J. Fo		Signature of D	ebtor 2
		Signature of	Debtor 1	-	
		Executed on		Executed on	
			MM / DD / YYYY		MM / DD / YYYY

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Debtor 1 Peter J. Forstner Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Xiaoming Wu ARDC Signature of Attorney for Debtor	Date	September 25, 2018 MM / DD / YYYYY
Xiaoming Wu ARDC #6274335 Printed name		
Ledford, Wu & Borges, LLC		
105 W. Madison 23rd Floor		
Chicago, IL 60602 Number, Street, City, State & ZIP Code		
Contact phone 312-853-0200	Email address	notice@billbusters.com
#6274335 IL Bar number & State		

Debtor 1 Peter J. Forstner Document Page 8 of 68 Case number (if known)

Fill in this info	rmation to identify your	case:		
Debtor 1	Peter J. Forstner			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				Chook if this is a
(ii kilowii)				☐ Check if this is a amended filing

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Northern District of IL, Eastern Division	18-18522	6/29/18
Northern District of IL, Eastern Division	17-36674	12/11/17
Northern District of IL, Eastern Division	14-28580	8/04/14

		1200.11111	-ni Paue 9 01 00		
Fill in this infor	mation to identify your	case:			
Debtor 1	Peter J. Forstner				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number				_ 0	
(if known)				_	eck if this is an ended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	159,366.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,517.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	161,883.00
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	143,964.55
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	8,216.85
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	67,870.99
	Your total liabilities	\$	220,052.39
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,687.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,290.82
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
7.	■ Yes What kind of debt do you have?		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Page 10 of 68 Case number (if known) Debtor 1 Peter J. Forstner

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

4,314.27 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	8,216.85
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	8,216.85

			Doc	umer	nt Page 11 of 68			
Fill in this infor	mation to identify	your case and th	is filing	j :				
Debtor 1	Peter J. Fors							
Debtor 2	First Name	Middle	Name		Last Name			
(Spouse, if filing)	First Name	Middle	Name		Last Name			
United States Ba	ankruptcy Court for	the: NORTHER	N DIST	RICT OF	FILLINOIS			
Case number _								☐ Check if this is an
								amended filing
Official Fo	orm 106A/B							
Schedul	e A/B: Pr	operty						12/15
think it fits best. B information. If mor Answer every ques	Be as complete and a re space is needed, a	ccurate as possibl	e. If two	married	ce. If an asset fits in more than one people are filing together, both are On the top of any additional pages	equally respon	sible for sup	plying correct
Part 1: Describe	Each Residence, Bu	ilding, Land, or Ot	her Real	Estate Y	ou Own or Have an Interest In			
1. Do you own or l	have any legal or eq	uitable interest in a	ny resid	lence, bu	ilding, land, or similar property?			
☐ No. Go to Par	rt 2.							
_	is the property?							
1.1			What	is the p	roperty? Check all that apply			
2471 Dick				Single-	family home			ms or exemptions. Put
Street address,	, if available, or other desc	cription		Duplex	or multi-unit building		ount of any secured claims on Schedule D: rs Who Have Claims Secured by Property.	
				Condor	minium or cooperative			
				Manufa	actured or mobile home			
Aurora	IL	60503-0000		Land		Current value entire proper		Current value of the portion you own?
City	State	ZIP Code		Investm	nent property	·. ·	366.00	\$159,366.00
				Timesh		Deceribe the		
				Other	Debtor's Residence	(such as fee	simple, tena	our ownership interest incy by the entireties, or
			Who		nterest in the property? Check one	a life estate),	if known.	
Will				Debtor	-			
County					•			
County					1 and Debtor 2 only			nunity property
					t one of the debtors and another ation you wish to add about this ite	(see instru	,	
					tification number:	iii, 3ucii us iocu	•	
					tries from Part 1, including any			\$159,366.00
Part 2: Describe	Your Vehicles							
					cles, whether they are registered			hicles you own that
3. Cars, vans, tr	ucks, tractors, sp	ort utility vehicle	s, moto	orcycles				
■ No								
☐ Yes								

Schedule A/B: Property

Official Form 106A/B

Debtor	1 Peter J. Fors	Document	Page 12 of 68 Case number	(if known)
				·
		tor homes, ATVs and other recreational ve motors, personal watercraft, fishing vessels,	· · · · · · · · · · · · · · · · · · ·	ies
■ No	0			
□ Y€	es			
		the portion you own for all of your entries ed for Part 2. Write that number here		
		nal and Household Items		
·	·	egal or equitable interest in any of the follo	owing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	sehold goods and fo	urnishings nces, furniture, linens, china, kitchenware		
		ices, furniture, interis, crima, kitcherware		
■ Y	es. Describe			
				1
		Misc used household goods and fur Coffee Table, End Tables, Dining Ta Freezer, Stove, Microwave, Dishwas Dishes/Flatware, Vacuum, Coffee Ma Bookshelf, File Cabinet, Desk & Cha	ble/Chairs, Refrigerator, ther, Washer/Dryer, Pots/Pans, aker, Bedroom Sets, Lamps,	\$750.00
		Bookshell, File Cabillet, Desk & Clia		
	mples: Televisions ar including cell	nd radios; audio, video, stereo, and digital eq phones, cameras, media players, games	uipment; computers, printers, scanners	s; music collections; electronic devices
		Computer, Printer, Tablet, Video-Ga	me System, and Cell Phone.	\$750.00
Exa	other collection	figurines; paintings, prints, or other artwork; bons, memorabilia, collectibles	pooks, pictures, or other art objects; sta	amp, coin, or baseball card collections;
ЦΥ	es. Describe			
Exa	musical instru	graphic, exercise, and other hobby equipmen	t; bicycles, pool tables, golf clubs, skis	; canoes and kayaks; carpentry tools;
■ Y	es. Describe			
		Golf Clubs		\$25.00
10. Fire Ex	amples: Pistols, rifles	s, shotguns, ammunition, and related equipme	ent	
	es. Describe			
	amples: Everyday clo	othes, furs, leather coats, designer wear, sho	es, accessories	
□ N ■ Y	lo 'es. Describe			
- •				i .
		Necessary Wearing Apparel		\$50.00

Official Form 106A/B Schedule A/B: Property page 2

Document Page 13 of 68 Case number (if known) Debtor 1 Peter J. Forstner 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$30.00 Watches 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,605.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... \$10.00 **Prepaid Debit Card Green Dot** Prepaid Debit Card My Vanilla Card \$0.00 17.2 Illinois Farm Bureau Credit Union \$900.00 17.3. Savings **Prepaid Debit Card: Ace Elite** \$2.00 17.4. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership:

Official Form 106A/B Schedule A/B: Property page 3

Case 18-27360

Doc 1

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Case number (if known) Document Debtor 1 Peter J. Forstner 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information..

	Case 18-27360	Doc 1	Filed 09/28/18 Document	Entered 09/28/18 14:02:40 Page 15 of 68	Desc Main
Debtor 1	Peter J. Forstner		Document	Case number (if known)	
	ts in insurance policies bles: Health, disability, or life	e insurance; h	ealth savings account (F	HSA); credit, homeowner's, or renter's insurar	nce
☐ Yes. I	Name the insurance compa Com	any of each po pany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
If you a someon	erest in property that is dare the beneficiary of a living ne has died. Give specific information			d surance policy, or are currently entitled to rece	eive property because
Examp ■ No	against third parties, who les: Accidents, employmen			t or made a demand for payment to sue	
■ No	contingent and unliquidate Describe each claim	ed claims of	every nature, including	g counterclaims of the debtor and rights to	set off claims
■ No	ancial assets you did not Give specific information	already list			
	-		•	ny entries for pages you have attached	\$912.00
Part 5: Des	scribe Any Business-Related	Property You	Own or Have an Interest I	n. List any real estate in Part 1.	
No. Go	own or have any legal or equito Part 6. To to line 38.	table interest i	n any business-related pr	roperty?	
	scribe Any Farm- and Comme ou own or have an interest in fa			n or Have an Interest In.	
■ No.	own or have any legal or Go to Part 7. Go to line 47.	equitable in	terest in any farm- or c	commercial fishing-related property?	
Part 7:	Describe All Property You	Own or Have a	n Interest in That You Did	Not List Above	
Examp ■ No	have other property of an oles: Season tickets, country	y club membe			

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known) Document

Debtor 1 Peter J. Forstner

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$159,366.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$1,605.00		
58.	Part 4: Total financial assets, line 36	\$912.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$2,517.00	Copy personal property total	\$2,517.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$161,883.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Peter J. Forstner			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	We want this is not to and for local and and an array of the second of t

■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

	Misc used household goods and	¢750.00		¢750.00	735 ILCS 5/12-1001(b)				
	Will County; Debtor's Primary Residence; PIN 07-01-07-404-057-1002 Line from Schedule A/B: 1.1	\$159,366.00		100% of fair market value, up to any applicable statutory limit					
	2471 Dickens Dr. Aurora, IL 60503,	¢150.266.00	_	\$15,000.00	735 ILCS 5/12-901				
		Copy the value from Check only one box for each exemption. Schedule A/B							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you cla portion you own		ount of the exemption you claim	Specific laws that allow exemption				
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								

100% of fair market value, up to

any applicable statutory limit

furnishings, including: Sofa,, Coffee Table, End Tables, Dining Table/Chairs, Refrigerator, Freezer, Stove, Microwave, Dishwasher, Washer/Dryer, Pots/Pans, Dishes/Flatware, Vacuum, Coffee Maker, Bedroom Sets, Lamps, Bookshelf

Part 1: Identify the Property You Claim as Exempt

Golf Clubs
Line from Schedule A/B: 9.1

\$25.00

\[
\begin{align*}
\text{\$\frac{25.00}{100\% \text{ of fair market value, up to any applicable statutory limit}}
\end{align*}

735 ILCS 5/12-1001(b)

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Case number (if known)

Denioi	reter J. Forstrier				
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	ecessary Wearing Apparel	\$50.00		\$50.00	735 ILCS 5/12-1001(a)
LII	THE HOLLI SCHEDULE AV.D. 11.1			100% of fair market value, up to any applicable statutory limit	
	/atches	\$30.00		\$30.00	735 ILCS 5/12-1001(b)
LII	Te Holli Schedule AVD. 12.1			100% of fair market value, up to any applicable statutory limit	
	avings: Illinois Farm Bureau Credit	\$900.00		\$900.00	735 ILCS 5/12-1001(b)
_	ne from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property covere No Yes	3 years after that for ca	ases fi	,	,

		Document	Page 19	of 68		
Fill in this informat	ion to identify you	ır case:				
Debtor 1	Dates I Faratas	\ -				
Depior 1	Peter J. Forstne	Middle Name	Last Name			
Debtor 2						
<u> </u>	First Name	Middle Name	Last Name			
Llaite d Otetes Dealer		NORTHERN DISTRICT OF ILL	INOIC			
United States Bankr	uptcy Court for the:	NORTHERN DISTRICT OF ILL	-INOIS			
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Form	106D					
Schedule D	· Creditors	Who Have Claims	Secured	d by Propert	V	12/15
Scricuaic B	. Or Cartors	Wile Have claims	Jecui e	a by i ropert	<u>y</u>	12/13
		If two married people are filing togeth				
is needed, copy the Ad number (if known).	dditional Page, fill it o	out, number the entries, and attach it	to this form. O	n the top of any addition	nal pages, write your nai	ne and case
1. Do any creditors ha	vo claims socured by	v vour proporty?				
_ `	-		b d. d	and become a three and a second	a managed and the factor	
☐ No. Check th	is box and submit ti	his form to the court with your other	schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in al	of the information	below.				
Part 1: List All S	ecured Claims					
<u> </u>		more than one secured claim, list the cre	oditor congratoly	Column A	Column B	Column C
		s a particular claim, list the other creditor		Amount of claim	Value of collateral	Unsecured
much as possible, list t	he claims in alphabeti	cal order according to the creditor's name	ie.	Do not deduct the	that supports this	portion
2.1 BMO Harris		Describe the property that secures	the claim:	value of collateral. \$42,942.00	claim \$159,366.00	If any \$0.00
Creditor's Name		2471 Dickens Dr. Aurora, IL	1	Ψ+Σ,3+Σ.00	Ψ100,000.00	Ψ0.00
		Will County; Debtor's Prima				
		Residence; PIN	9			
Attn: Bankrı	Intev	07-01-07-404-057-1002				
770 N. Wate		As of the date you file, the claim is:	Check all that			
Milwaukee,		apply.				
		Contingent				
Number, Street, Cit	y, State & Zip Code	☐ Unliquidated				
Who owes the debt	Check one	☐ Disputed Nature of lien. Check all that apply.				
_	Officer offic.	_	mortages or soc	nurod		
Debtor 1 only		☐ An agreement you made (such as car loan)	mongage or sec	cureu		
Debtor 2 only		, Пол. и и и и				
Debtor 1 and Debto		☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the		Judgment lien from a lawsuit	Casand Ma			
☐ Check if this claim community debt	relates to a	Other (including a right to offset)	Second Mo	ortgage		
community debt						
	Opened					
	04/08; Last		0500			
Date debt was incurre	Active 12/16	Last 4 digits of account num	3566			
2.2 Ditech		Describe the property that secures	the claim:	\$92,742.00	\$159,366.00	\$0.00
Creditor's Name		2471 Dickens Dr. Aurora, IL	60503,			
		Will County; Debtor's Prima	ıry			
		Residence; PIN				
		07-01-07-404-057-1002				
PO Box 947	10	As of the date you file, the claim is: apply.	Check all that			
Palatine, IL	60094	Contingent				
Number, Street, Cit	y, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as	mortgage or sec	cured		
Debtor 2 only		car loan)				
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the	•	Independ lien from a lawsuit				

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Debtor 1	Peter J. Forstner			Case number (if know)		
-	First Name Middle N	Name Last Name	_			
	if this claim relates to a unity debt	Other (including a right to offset)	First Mor	rtgage		
Date debt v	was incurred	Last 4 digits of account num	nber			
	ewood Valley neowners Associat	Describe the property that secures	the claim:	\$2,339.91	\$159,366.00	\$0.00
	tor's Name	2471 Dickens Dr. Aurora, IL]		
		Will County; Debtor's Prima	ary			
		Residence; PIN 07-01-07-404-057-1002				
2520	9 Dickens Dr	As of the date you file, the claim is:	: Check all that			
_	ora, IL 60503	apply. □ Contingent				
	per, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes	s the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1	1 only	An agreement you made (such as	mortgage or	secured		
Debtor 2	•	car loan)				
_	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
	one of the debtors and another	Judgment lien from a lawsuit	Homoow	ners Association Fees		
	if this claim relates to a unity debt	Other (including a right to offset)	Homeow	mers Association rees		
Date debt v	was incurred	Last 4 digits of account num	nber <u>219</u>	1		
□ lak	ewood Valley					
	vnhome Condominiu	Describe the property that secures	the claim:	\$2,582.16	\$159,366.00	\$0.00
	tor's Name	2471 Dickens Dr. Aurora, IL	60503,			
		Will County; Debtor's Prima	ary			
		Residence; PIN 07-01-07-404-057-1002				
_	9 Dickens Dr	As of the date you file, the claim is:	: Check all that	J		
_	7 LM 002195 ora, IL 60503	apply. Contingent				
	per, Street, City, State & Zip Code	☐ Unliquidated				
	, с, с,, с	☐ Disputed				
Who owes	s the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1	1 only	☐ An agreement you made (such as	mortgage or	secured		
Debtor 2	-	car loan)				
_	1 and Debtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)			
	one of the debtors and another	Judgment lien from a lawsuit	Canda A	aaaamanta		
	if this claim relates to a unity debt	Other (including a right to offset)	Condo A	ssessments		
Date debt v	was incurred	Last 4 digits of account num	nber <u>219</u>	5		
2.5 Will	County Collector	Describe the property that secures	the claim:	\$3,358.48	\$159,366.00	\$0.00
	tor's Name	2471 Dickens Dr. Aurora, IL	60503,]		·
		Will County; Debtor's Prima	ary			
	N. Chicago St.	Residence; PIN 07-01-07-404-057-1002				
PIN		As of the date you file, the claim is:	: Check all that	J		
	01-07-404-057-1002 iet, IL 60432-4059	apply.				
	per, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated				
Nullib	os, shoot, ony, state a zip code	☐ Disputed				
Who owes	s the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1	1 only	☐ An agreement you made (such as	mortgage or	secured		
Debtor 2	•	car loan)				

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Debtor	1 Peter J. Forstner		Case	number (if know)	
	First Name Middle N	ame Last Name			
	tor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med☐ Judgment lien from a lawsuit	echanic's lien)		
	ck if this claim relates to a nmunity debt	Other (including a right to offset)	Real estate tax	es	
Date de	ebt was incurred 2017	Last 4 digits of account num	nber		
		Column A on this page. Write that nun		\$143,964.55	
Write	that number here:			\$143,964.55	
Use this trying to than on	s page only if you have others to be collect from you for a debt you c	we to someone else, list the creditor t you listed in Part 1, list the addition	a debt that you alrea	dy listed in Part 1. For example, if a collection is the collection agency here. Similarly, if you do not have additional persons to be not	ou have more
	Name, Number, Street, City, State &		On which line	in Part 1 did you enter the creditor? 2.4	
2	Cervantes Chatt & Prince F 16w343 83rd St Ste A 2017 LM 002195 Burr Ridge, IL 60527		Last 4 digits	of account number _2195_	
3	Name, Number, Street, City, State & Chuhak & Tecson, P.C. 30 S. Wacker Dr Ste 2600 Chicago, IL 60606	Zip Code		in Part 1 did you enter the creditor? _2.3_ of account number _2191_	
 	Name, Number, Street, City, State & Ditech Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709	Zip Code		in Part 1 did you enter the creditor? _2.2_ of account number	
 	Name, Number, Street, City, State & Ditech Financial LLC fka GP.O. Box 6154 Rapid City, SD 57709			in Part 1 did you enter the creditor? _2.2_ of account number	
[,	Name, Number, Street, City, State & Ditech.com/GMAC Mortgaç Attn: Bankruptcy 1100 Virginia Drive Fort Washington, PA 19034	e e		in Part 1 did you enter the creditor? _2.2_ of account number	
\ 	Name, Number, Street, City, State & Will County Collector P.O. Box 5000 PIN 07-01-07-404-057-1002 Joliet, IL 60434-5000	Zip Code		in Part 1 did you enter the creditor?of account number	
\ 3 I	Name, Number, Street, City, State & Will County Treasurer 302 N. Chicago St. PIN 07-01-07-404-057-1002	Zip Code		in Part 1 did you enter the creditor? of account number	

Official Form 106D

		Document	Page 22 d	of 68		
Fill in this infor	mation to identify your cas	e:				
Debtor 1	Peter J. Forstner					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the: N	ORTHERN DISTRICT OF ILL	INOIS			
Case number						
(if known)					☐ Check amend	if this is an ed filing
Official For						
<u> 3chedule l</u>	E/F: Creditors Who	Have Unsecured	Claims			12/15
chedule D: Cred eft. Attach the Co ame and case nu	itors Who Have Claims Secure	Leases (Official Form 106G). D by Property. If more space is r you have no information to rep	needed, copy the	Part you need, fill it out,	number the entries ir	the boxes on the
	tors have priority unsecured cl					
□ No. Go to		anno agamot you i				
Yes.	1 (11) 2.					
2. List all of you identify what t possible, list t	ype of claim it is. If a claim has be he claims in alphabetical order ac	a creditor has more than one prior oth priority and nonpriority amount coording to the creditor's name. If alar claim, list the other creditors in	s, list that claim he you have more that	re and show both priority a	nd nonpriority amount	s. As much as
(For an explai	nation of each type of claim, see	the instructions for this form in the	instruction booklet	t.) Total claim	Priority amount	Nonpriority amount
	Department of Revenue	Last 4 digits of accoun	nt number	\$1,058.85	\$1,058.85	\$0.00
Bankrı	reditor's Name uptcy Section ox 64338	When was the debt ind	2017	,	-	
	Jo, IL 60664-0338 Street City State ZIp Code	As of the date you file	the claim is: Che	ack all that annly		
	ed the debt? Check one.	Contingent	, the claim io.	ok all that apply		
■ Debtor 1	only	☐ Unliquidated				
Debtor 2	only	□ Disputed				
Debtor 1	and Debtor 2 only	Type of PRIORITY uns	ecured claim:			
_	one of the debtors and another	☐ Domestic support ob	oligations			
☐ Check if	this claim is for a community	debt Taxes and certain of	her debts vou owe	the government		
	subject to offset?	☐ Claims for death or p	,	· ·		
■ No		Other. Specify				
☐ Yes			tice Only			

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Debtor 1 Peter J. Forstner	Case no	umber (if know)		
2.2 Internal Revenue Serivce	Last 4 digits of account number	\$7,158.00	\$7,158.00	\$0.00
Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?			
Number Street City State ZIp Code	As of the date you file, the claim is: Check all	that apply		
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	☐ Unliquidated			
☐ Debtor 2 only	☐ Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the qu	overnment		
Is the claim subject to offset?	☐ Claims for death or personal injury while you	were intoxicated		
■ No	☐ Other. Specify			
☐ Yes	Federal Income Taxe	es		
Part 2: List All of Your NONPRIORITY Unsec	cured Claims			
Do any creditors have nonpriority unsecured clai				
☐ No. You have nothing to report in this part. Subm				
No. You have nothing to report in this part. Subm	it this form to the court with your other schedules.			
Yes.				
 List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each than one creditor holds a particular claim, list the other Part 2. 	claim. For each claim listed, identify what type of cla	im it is. Do not list claim	s already included in Par	t 1. If more
			Total clair	m
4.1 A.R.M. Solutions	Last 4 digits of account number 4134			\$171.88
Nonpriority Creditor's Name				**********
P.O. Box 2929	When was the debt incurred?			
Camarillo, CA 93011 Number Street City State Zlp Code	As of the date you file, the claim is: Check	all that apply		
Who incurred the debt? Check one.	As of the date you me, the dain is. Office	ан шасарру		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt	☐ Obligations arising out of a separation agr	reement or divorce that v	ou did not	
Is the claim subject to offset?	report as priority claims			
■ No	\square Debts to pension or profit-sharing plans, a	and other similar debts		
☐ Yes	Other. Specify Debt Owed			

Document Debtor 1 Peter J. Forstner Case number (if know) 4.2 \$80.00 Ad Astra Recovery Last 4 digits of account number 5411 Nonpriority Creditor's Name 7330 W 33rd Street N Opened 05/17 Last Active Ste 118 When was the debt incurred? 11/08/17 Wichita, KS 67205 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Speedy Cash 182 ☐ Yes 4.3 **Aurora Emergency Physicians** Last 4 digits of account number \$2,494.00 Nonpriority Creditor's Name ATTN: 21797R When was the debt incurred? PO Box 14000 Belfast, ME 04915 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical or Dental services** Other. Specify 4.4 **Bank Of America** \$579.00 Last 4 digits of account number 0861 Nonpriority Creditor's Name Nc4-105-03-14 Opened 05/16 Last Active When was the debt incurred? 7/07/17 Po Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts

No

☐ Yes

■ Other. Specify Credit Line Secured

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Debtor 1 Peter J. Forstner Case number (if know) 4.5 \$2,732.00 Cardworks/CW Nexus Last 4 digits of account number 8013 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/15 Last Active Po Box 9201 When was the debt incurred? 2/22/17 Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes City of Chicago Corporate \$488.00 4.6 Counselor Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? Suite 600 Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Fines Other. Specify 4.7 **Copley Memorial Hospital** Last 4 digits of account number \$7,312.95 Nonpriority Creditor's Name When was the debt incurred? 2000 Ogden Ave. Aurora, IL 60506 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical/Dental Services ☐ Yes

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Case number (if know)

Debtor	1 Peter J. Forstner	Case number (if know)		
4.8	Copley Memorial Hospital Nonpriority Creditor's Name PO Box 352	Last 4 digits of account number When was the debt incurred?	\$2,457.53	
	Aurora, IL 60507	When was the dept incurred:		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Medical or Dental services		
4.9	Critical Care Physician of IL Nonpriority Creditor's Name	Last 4 digits of account number	\$519.11	
	PO Box 88087	When was the debt incurred?		
	Chicago, IL 60680			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	_			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Medical or Dental services		
4.1	Dreyer Clinic Inc.	Last 4 digits of account number	\$9,020.00	
0	Nonpriority Creditor's Name		40,020.00	
	28582 Network Place	When was the debt incurred?		
	Chicago, IL 60673 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Medical or Dental services		

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Case number (if know)

Dreyer Medical Clinic Nonpriority Creditor's Name	Last 4 digits of account number 3675	\$62.65
75 Remittance Drive Suite 1646 Chicago, IL 60675	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical or Dental services	
Fox Valley Medical Associates	Last 4 digits of account number	\$145.00
Nonpriority Creditor's Name 2020 Ogden Ave., Ste. 140 Aurora, IL 60504-5897	When was the debt incurred?	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Medical/Dental Services	
Hoolth I oh		¢4 cc7 c7
Health Lab Nonpriority Creditor's Name	Last 4 digits of account number	\$1,667.97
P.O.Box 4090	When was the debt incurred?	
Carol Stream, IL 60197		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
_	Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify Medical or Dental services	

Document Page 28 of 68 Case number (if know) Debtor 1 Peter J. Forstner 4.1 **Iliinois Tollway** \$24,054.50 Last 4 digits of account number 4 Nonpriority Creditor's Name P.O.Box 5201 When was the debt incurred? Lisle, IL 60532-5201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Tollway Fines/Violations ☐ Yes 4.1 Lendup Card Services I 2074 \$426.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 5/14/17 Last Active Attn: Bankruptcy, LendUp 237 Kearny St #197 1/10/18 When was the debt incurred? San Francisco, CA 94108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes 4.1 OneMain Financial 7079 \$8,651.14 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 11/16 Last Active Attn: Bankruptcy Department 601 Nw 2nd St #300 When was the debt incurred? 4/26/17 Evansville, IN 47708 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

Other. Specify Vehicle

report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Deficiency on Repossessed/Surrendered

Is the claim subject to offset?

Document Page 29 of 68 Case number (if know) Debtor 1 Peter J. Forstner 4.1 Overstock \$521.94 Last 4 digits of account number Nonpriority Creditor's Name 799 W. Coliseum Way When was the debt incurred? Midvale, UT 84047 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Debt Owed ☐ Yes 4.1 Pathology Assoc. of Aurora \$417.15 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? 5700 Southwyck Blvd. Toledo, OH 43614 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical or Dental services ☐ Yes 4.1 Pep Boys \$0.00 9 Last 4 digits of account number Nonpriority Creditor's Name 6247 South La Grange Road When was the debt incurred? La Grange, IL 60525 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No ☐ Yes ☐ Student loans

report as priority claims

■ Other. Specify Notice Only

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Document Page 30 of 68 Case number (if know) Debtor 1 Peter J. Forstner 4.2 **Sprint** \$1,861.10 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 4191 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Debt Owed ☐ Yes 4.2 Suburban Physicians LLC \$1,231.00 Last 4 digits of account number Nonpriority Creditor's Name 4075 Fox Valley Center Drive When was the debt incurred? Unit 3 Aurora, IL 60504 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical or Dental services ☐ Yes 4.2 Valley Imaging Consultants LLC \$1,152.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 371863 When was the debt incurred? Pittsburgh, PA 15250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed

Document Page 31 of 68 Debtor 1 Peter J. Forstner Case number (if know) 4.2 Valley Imaging Consultants LLC \$285.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 371863 When was the debt incurred? Pittsburgh, PA 15250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical or Dental services ☐ Yes 4.2 Valley Imaging Consultants LLC \$455.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 371863 When was the debt incurred? Pittsburgh, PA 15250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical or Dental services ☐ Yes 4.2 Valley Imaging Consultants LLC \$41.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 371863 When was the debt incurred? Pittsburgh, PA 15250 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical or Dental services

☐ Check if this claim is for a community

Is the claim subject to offset?

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4.2 6	Verizon	Last 4 digits of account nu	ımber	\$1,045.07
	Nonpriority Creditor's Name 500 Technology Dr	When was the debt incurre	ed?	
	Ste 550 Weldon Spring, MO 63304			
	Number Street City State Zlp Code	As of the date you file, the	claim is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY una	secured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of report as priority claims	a separation agreement or divorce that you did not	
	■ No	Debts to pension or profi	t-sharing plans, and other similar debts	
	Yes	Other. Specify Utility	Bills or Cellular Service	
Part :				
is tr hav	rying to collect from you for a debt you owe to s	omeone else, list the original cre at you listed in Parts 1 or 2, list th	t that you already listed in Parts 1 or 2. For examp ditor in Parts 1 or 2, then list the collection agency ne additional creditors here. If you do not have add	here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2	· <u> </u>	
	ocate Medical Group Box 92523	Line 4.10 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clair	
_	eago, IL 60675		■ Part 2: Creditors with Nonpriority Unsecured	Claims
	3 /	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
	erican Infosource LP	Line 4.26 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
	5 N. Santa Fe Ave. Ihoma City, OK 73118		Part 2: Creditors with Nonpriority Unsecured	Claims
	monia ony, on rorro	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Arno	old Scott Harris, P.C.	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ms
	W. Jackson Blvd		Part 2: Creditors with Nonpriority Unsecured	Claims
Ste (Chic	եսս eago, IL 60604			
Oilic	.ago, ic 00004	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Ban	k of America	Line <u>4.4</u> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ms
	Savarese Circle		■ Part 2: Creditors with Nonpriority Unsecured	Claims
	908-01-50 pa, FL 33634			
ıaııı	pa, 1 L 33034	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
	ago Tribune	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
Loui	sville, KY 40290		Part 2: Creditors with Nonpriority Unsecured	Claims
		Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
-	of Chicago	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
	t of Revenue Box 88292		Part 2: Creditors with Nonpriority Unsecured	Claims
	eago, IL 60680-1292			
	• • • • • • • • • • • • • • • • • • • •	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
City	of Chicago Dept. of Finance	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Clair	ns
	3ox 6330 ago. IL 60680		■ Part 2: Creditors with Nonpriority Unsecured	Claims
. nic	AUD II DUDAU			

Official Form 106 E/F

Document Page 33 of 68 Case number (if know) Debtor 1 Peter J. Forstner Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Comenity Bank** Line **4.17** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 182273 ■ Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43218 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Copley Memorial Hospital** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 352 Part 2: Creditors with Nonpriority Unsecured Claims Aurora, IL 60507 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ICS Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1010 ■ Part 2: Creditors with Nonpriority Unsecured Claims Tinley Park, IL 60477-9110 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Illinois Department of Revenue Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims P.O. Box 19035 ☐ Part 2: Creditors with Nonpriority Unsecured Claims Springfield, IL 62794 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Internal Revenue Service** Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Mail Stop 5010 CHI ☐ Part 2: Creditors with Nonpriority Unsecured Claims 230 S. Dearborn St. Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Lendup Card Services I Line **4.15** of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims 225 Bush St Ste 1100 ■ Part 2: Creditors with Nonpriority Unsecured Claims San Francisco, CA 94104 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Midland Credit Management Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 2011 ■ Part 2: Creditors with Nonpriority Unsecured Claims Warren, MI 48090 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Funding LLC Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 51319 ■ Part 2: Creditors with Nonpriority Unsecured Claims Los Angeles, CA 90051 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Portfolio Recovery Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Part 2: Creditors with Nonpriority Unsecured Claims PO Box 41067 Norfolk, VA 23541 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Resurgent Capital Services** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 10368 ■ Part 2: Creditors with Nonpriority Unsecured Claims Greenville, SC 29603 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Secretary of State Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Safety & Financial ■ Part 2: Creditors with Nonpriority Unsecured Claims

2701 S. Dirksen Parkway Springfield, IL 62723

Last 4 digits of account number

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Peter J. Forstner		Case number (if know)			
Name and Address	•	2 did you list the original creditor?			
Sprint PO Box 54977	Line 4.20 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims			
Los Angeles, CA 90054		Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?			
Sprint	Line 4.20 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
P.O. Box 172408 Denver, CO 80217		■ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?			
Sprint Corp.	Line 4.20 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
Attn Bankruptcy Dept P.O.Box 7949		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Overland Park, KS 66207-0949					
	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	8,216.85
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	8,216.85
				Т	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	67,870.99
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	67,870.99

		17/1/11/11	111 1 1414 : 11.7 (11 (11)	
Fill in this infor	mation to identify your	case:		
Debtor 1	Peter J. Forstner			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-

		Docume	ent Pade 36 d	IT hX	
Fill in this	information to identify your				
Debtor 1	Peter J. Forstner				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb (if known)	er				☐ Check if this is an amended filing
Sched Codebtors		re also liable for any deb ally responsible for supp	olying correct informat	ion. If more space is nee	12/15 as possible. If two married ded, copy the Additional Page, fany Additional Pages, write
	and case number (if known)			o uns page. On the top o	ally Additional Lages, write
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona No.	nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. . Did your spouse, former spou	Nevada, New Mexico, Pu	erto Rico, Texas, Washi		tates and territories include
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	vith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill
_	Column 1: Your codebtor lame, Number, Street, City, State and Zl	P Code		Column 2: The credi	tor to whom you owe the debt that apply:
3.1	Name			☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line☐	
	Number Street City	State	ZIP Code	_	
3.2	Name			☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	

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Fill	in this information to identify your c	200.				I					
	otor 1 Peter J. Fors										
	otor 2 puse, if filing)				_						
	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_						
(If kr	se number		-			☐ An a	ncome a	ent showing as of the foll			er
	chedule I: Your Inc	ome				MM	I / DD/ Y	YYY		4	2/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment**	are married and not filing wi	ng jointly, and your s ith you, do not includ	pouse i le inforr	s liv natio	ing with yo on about y	ou, inclu our spo	ude informa use. If mor	ation al	bout your e is neede	d,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fili	ng spo	use	
	If you have more than one job, attach a separate page with	■ Employed Employment status			☐ Employed						
	information about additional		☐ Not employed				☐ Not er	mployed			
	employers.	Occupation	Customer service rep								
	Include part-time, seasonal, or self-employed work.	Employer's name	Speedway LLC								
	Occupation may include student or homemaker, if it applies.	Employer's address	500 Speedway D Enon, OH 45323								
		How long employed to	here? <u>8/2018</u>				_				
Par	t 2: Give Details About Mor	nthly Income									
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for a	any I	ine, write \$	0 in the	space. Inclu	uoe you	ır non-filing	
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mplo	oyers for the	at perso	n on the line	es belov	w. If you ne	ed
						For Debto	or 1	For Debt			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	1,4	97.00	\$		N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$		N/A	

Calculate gross Income. Add line 2 + line 3.

\$ 1,497.00

N/A

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Debt	or 1	Peter J. Forstner		Case	number (if known)			
				For	Debtor 1		Debtor 2 or filing spouse	
	Сор	y line 4 here	4.	\$	1,497.00	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	260.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	=
	5e.	Insurance	5e.	\$	0.00	\$	N/A	•
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	-
	5g.	Union dues	5g.	\$	0.00	\$	N/A	-
	5h.	Other deductions. Specify:	5h.+	- \$	0.00	+ \$	N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	260.00	\$	N/A	
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,237.00	\$	N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,450.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	-
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.	\$	0.00	\$	N/A	-
	8e.	Social Security	8e.	\$ 	0.00	\$ 	N/A N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$ \$	0.00	\$	N/A	-
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	-
	8h.	Other monthly income. Specify:	_ 8h.+	- \$_	0.00	+ \$	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,450.00	\$	N/A	<u> </u>
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$		3,687.00 + \$		N/A = \$	3,687.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ					-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$	3,687.00
13	Dov	you expect an increase or decrease within the year after you file this form	?				monthly	y income
10.		No. Yes. Explain:	•					

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Fill	in this information to identify	your case:					
Deb	tor 1 Peter J. Fo	rstner			Che	ck if this is:	
	otor 2					An amended filing A supplement show 13 expenses as of	wing postpetition chapter the following date:
``	red States Bankruptcy Court for th	ne: NORTH	FRN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number	1101111	ETAT DIGITAL OF ILLIA			, 55, 1111	
	nown)						
	fficial Form 106J	<u> </u>					
Ве	chedule J: Your as complete and accurate a	as possible.	If two married people ar				
	ormation. If more space is r mber (if known). Answer ev			form. On the top of	f any additi	onal pages, write y	our name and case
	t 1: Describe Your House	sehold					
1.	Is this a joint case?						
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live	e in a separa	ate household?				
	□ No						
	☐ Yes. Debtor 2 m	ust file Officia	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of Deb	tor 2.	
2.	Do you have dependents	? ■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							□ No □ Yes
							□ No
							☐ Yes
							□ No
3.	Do your expenses include	_					☐ Yes
Э.	expenses of people other	than _	No Yes				
	yourself and your depend	lents? □	165				
	t 2: Estimate Your Ongo imate your expenses as of			ou are using this f	orm oc o ci	unnlament in a Cha	enter 12 ence to report
exp	enses as of a date after the plicable date.	bankruptc	y is filed. If this is a supp	lemental Schedule	e J, check t	ne box at the top o	f the form and fill in the
the	lude expenses paid for with value of such assistance a ficial Form 106I.)	n non-cash on nd have inc	government assistance it luded it on <i>Schedule I:</i> Y	f you know 'our Income		Your exp	enses
`	•						
4.	The rental or home owner payments and any rent for			nclude first mortgag	e 4. \$		878.82
	If not included in line 4:						
	4a. Real estate taxes				4a. \$	·	0.00
	4b. Property, homeowne	•			4b. \$		36.00
	4c. Home maintenance,4d. Homeowner's associ				4c. \$ 4d. \$	·	0.00 236.00
5.	Additional mortgage pavr			me equity loans	4u. 3		200.00

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Deb	otor 1	Peter J. Forstner	Case num	ber (if known)	
6.	Utiliti	es:			
	6a.	Electricity, heat, natural gas	6a.	\$	120.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	275.00
	6d.	Other. Specify: Cable/Internet	6d.	\$	185.00
7.	Food	and housekeeping supplies		\$	250.00
8.	Child	care and children's education costs	8.	\$	0.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	0.00
10.	Perso	onal care products and services	10.	\$	0.00
		cal and dental expenses	11.	\$	0.00
		sportation. Include gas, maintenance, bus or train fare.		·	
		ot include car payments.	12.	\$	110.00
13.	Ente	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	Insur				
		ot include insurance deducted from your pay or included in lines 4 or 20.		_	
		Life insurance	15a.		0.00
		Health insurance	15b.	·	0.00
		Vehicle insurance	15c.	·	0.00
		Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	
	Spec	•	16.	\$	0.00
17.		Ilment or lease payments:	47-	Φ.	0.00
		Car payments for Vehicle 1	17a.	·	0.00
		Car payments for Vehicle 2	17b.		0.00
		Other. Specify:	17c.	·	0.00
		Other. Specify:	17d.	\$	0.00
18.	Your	payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
10		cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). r payments you make to support others who do not live with you.	10.	\$	0.00
13.	Spec		19.	Ψ	0.00
20	•	r real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income	
20.		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.	· -	0.00
		Property, homeowner's, or renter's insurance	20c.	·	0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
		Homeowner's association or condominium dues	20e.	·	0.00
21		r: Specify:		+\$	0.00
21.	Othic			ΙΨ	0.00
22.		ılate your monthly expenses			
		Add lines 4 through 21.		\$	2,290.82
	22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	2,290.82
23.		ulate your monthly net income.	00-	•	0.007.00
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	· <u> </u>	3,687.00
	230.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,290.82
	220	Cubtract your monthly avanaged from your monthly income			
	23C.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,396.18
		The result to your monthly not income.			·
24.		ou expect an increase or decrease in your expenses within the year after yo ample, do you expect to finish paying for your car loan within the year or do you expect your			ase or decrease because of a
		cation to the terms of your mortgage?			
	■ No).			
	ПУ				

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Fill in this infor	mation to identify your	case:			
Debtor 1	Peter J. Forstner				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Form		ın Individual De	btor's	s Schedules	12/15
obtaining mone		n connection with a bankruptcy			atement, concealing property, or ,000, or imprisonment for up to 20
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attorney to	help you f	ill out bankruptcy forms?	,
■ No					
☐ Yes.	Name of person				ankruptcy Petition Preparer's Notice, ion, and Signature (Official Form 119)
	alty of perjury, I declare retrue and correct.	that I have read the summary a	ınd schedu	lles filed with this declara	ation and
X /s/ Pet	ter J. Forstner		Х		
Peter .	J. Forstner ure of Debtor 1		Signa	ature of Debtor 2	

Date _____

Date September 25, 2018

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		nation to identify you	r case:			
Deb	otor 1	Peter J. Forstne	Middle Name	Last Name		
	otor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
	se number					Check if this is an
					a	mended filing
	ficial Fo					
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
info	rmation. If m		attach a separate sheet to		equally responsible for sup	
			arital Status and Where You	Lived Before		
1.	wnat is your	current marital statu	IS ?			
	□ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state					ity property state or territory co, Texas, Washington and V	
	■ No					
	☐ Yes. Ma	ke sure you fill out Scl	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$6,342.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Page 43 of 68 Case number (if known) Debtor 1 Peter J. Forstner

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply	
				☐ Wages, commissions, bonuses, tips	\$15,756.00	☐ Wages, commiss bonuses, tips	sions,
				Operating a business		☐ Operating a busi	iness
	r last calen nuary 1 to	idar year: December	31, 2017)	☐ Wages, commissions, bonuses, tips	\$36,384.00	☐ Wages, commiss bonuses, tips	sions,
				Operating a business		☐ Operating a busi	iness
		dar year be December		☐ Wages, commissions, bonuses, tips	\$26,350.00	☐ Wages, commiss bonuses, tips	sions,
				Operating a business		☐ Operating a busi	iness
	■ No	Fill in the d	-	ome from each source separat	ely. Do not include income t	nat you iisted in line 4.	
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	e Gross income (before deductions and exclusions)
Pa	rt 3: List	t Certain Pa	ayments You	Made Before You Filed for I	Bankruptcy		
6.	Are either □ No.	Neither D individual During the	ebtor 1 nor E primarily for a 90 days befo	personal, family, or householore you filed for bankruptcy, did	mer debts. Consumer debt d purpose."		S.C. § 101(8) as "incurred by a
		□ Yes	paid that cr	. each creditor to whom you paid editor. Do not include paymen payments to an attorney for th	ts for domestic support obliq		
		* Subject	to adjustmen	t on 4/01/19 and every 3 years	s after that for cases filed on	or after the date of adj	justment.
	Yes.			or both have primarily consure you filed for bankruptcy, did		al of \$600 or more?	
		■ No.	Go to line 7				
		□ Yes	include pay	each creditor to whom you paid ments for domestic support ob this bankruptcy case.			paid that creditor. Do not , do not include payments to a
	Creditor'	's Name an	d Address	Dates of payme	nt Total amount	Amount you Wastill owe	as this payment for

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Debtor 1 Peter J. Forstner Document Page 44 of 68 Case number (if known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	No No								
	Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment			
3.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cosi		nents or transfer a	nny property on a	ccount of a d	ebt that benefited an			
	☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name			
Par	rt 4: Identify Legal Actions, Repossession								
).	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No								
	Yes. Fill in the details.		-						
	Case title Case number	Nature of the case	Court or agency		Status of the case				
	Lakewood Valley Townhome Condominium Assoc. Vs. Peter Forstner 2017 LM 002195	Forcible Entry and Detainer	Circuit Court o Judicial Circuit, Will Co		■ Pending □ On appe □ Conclud	eal			
					Entry of O & Possess	rder of Judgment sion			
	Lakewood Valley Homeowners Association Vs. Peter Forstner 2017 LM 002191	Forcible Entry and Detainer	Circuit Court o Judicial Circuit Court, V		■ Pending □ On appe	eal			
			ii.		Entry of O & Possess	order of Judgment sion			
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, garnis	shed, attached	d, seized, or levied?			
	Creditor Name and Address	Describe the Property		Dota		Value of the			
	Creditor Name and Address	Explain what happened		Date		Value of the property			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No Yes. Fill in the details.	tcy, did any creditor, incl		nancial institution	n, set off any a	amounts from your			
	Creditor Name and Address	Describe the action the	creditor took	Data	action was	Amount			
	C. Saitor Haine and Address	2000 IDE THE ACTION THE	J. Gailor LOOK	taker		Amount			

Case 18-27360 Doc 1 Filed 09/28/18 Entered 09/28/18 14:02:40 Desc Main Document Page 45 of 68 Case number (if known) Debtor 1 Peter J. Forstner 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You \$1,000.00 Ledford, Wu & Borges, LLC \$1,000.00 paid for Attorney Fees in 05/2018 to 105 W. Madison prior case: 18-18522. 09/2018 23rd Floor Chicago, IL 60602 notice@billbusters.com **CIN Legal Data Services** \$60.00 paid for merged, multi-bureau 06/2018 \$60.00

4540 Honeywell Ct

Dayton, OH 45424

18-18522.

credit report, credit counseling and debtor education courses in prior case:

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Debtor 1 Peter J. Forstner Document Page 46 of 68 Case number (if known)

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment
	CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424		ged, multi-burea counseling and orses.		09/2018	\$60.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo	ors or to make paymen			or transfer any propo	erty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and transferred	value of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your bankrup include both outright transfers and transfers manipulate gifts and transfers that you have alread No	ousiness or financial af ade as security (such as	fairs? the granting of a s		• •	
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfe			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-present No		ny property to a s	elf-settled tro	ust or similar device	of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and	value of the propo	erty transferr	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	sit Boxes, and Sto	rage Units		
	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details.	cy, were any financial a	accounts or instru	ments held in		
		Lant Authorita of	T (Land balance
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument	clo mo	ite account was osed, sold, oved, or insferred	Last balance before closing or transfer
	Metabank	xxxx-	☐ Checking ☐ Savings ☐ Money Mark ☐ Brokerage ☐ Other Prep debit card	et	2018	\$0.00

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Debtor 1 Peter J. Forstner

21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bankruptcy, an	y safe deposit box or other depositor	ry for securities,	
	■ No				
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy?		
	No				
	Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?	
Par	19: Identify Property You Hold or Control for S	Someone Else			
23.	Do you hold or control any property that someone for someone.	ne else owns? Include any propert	y you borrowed from, are storing for,	or hold in trust	
	■ No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value	
Par	10: Give Details About Environmental Informa	tion			
For	he purpose of Part 10, the following definitions a	apply:			
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal s		aw, whether you now own, operate, o	r utilize it or used	
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s	nental law defines as a hazardous	waste, hazardous substance, toxic so	ubstance,	
Rep	ort all notices, releases, and proceedings that yo		they occurred.		
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ntal law?	
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	

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Debtor 1 Peter J. Forstner

∠6.	have you been a party in any judicial or adi	ninistrative proceeding under any envi	ronmental law? include settlements and orders.					
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case Status of the case					
Par	t 11: Give Details About Your Business or	Connections to Any Business						
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following connections to any business?					
	☐ A sole proprietor or self-employed	n a trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability comp	pany (LLC) or limited liability partnershi	ip (LLP)					
	☐ A partner in a partnership							
	■ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name	Describe the nature of the business	Employer Identification number					
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.					
	(,,,,	Name of accountant of bookkeeper	Dates business existed					
	Forstner Sales, Inc. 2471 Dickens Drive	Food service sales	EIN: 81-2010231					
	Aurora, IL 60503		From-To March 2016 - 8/10/18 (involuntary dissolution)					
	Peter J. Forstner 2471 Dickens Drive Aurora, IL 60503	Independent Contractor: Sales	EIN: From-To 4/2014 to Present					
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below.	tcy, did you give a financial statement t	o anyone about your business? Include all financial					
	Name	Date Issued						
	Address (Number, Street, City, State and ZIP Code)							
Par	t 12: Sign Below							
are t		false statement, concealing property,	d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both.					
/s/	Peter J. Forstner							
	ter J. Forstner nature of Debtor 1	Signature of Debtor 2						
Dat	e September 25, 2018	Date						
I N		ent of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 107)?					
ΠY	'es							
Did	you pay or agree to pay someone who is no	t an attorney to help you fill out bankru	ptcy forms?					

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No	
☐ Yes. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Cł	napter 7:	Liquidation	
	\$245	filing fee	
	\$75	administrative fee	
<u>+</u> _	\$15	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: September 25, 2018	0 11	3	
Signed:			
/s/ Peter J. Forstner		/s/ Xiaoming Wu ARDC	
Peter J. Forstner		Xiaoming Wu ARDC #6274335	
		Attorney for the Debtor(s)	
Debtor(s)			
Do not sign this agreement if the an	nounts are bla	ank.	

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Peter J. Forstner		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR D	EBTOR(S)
C	cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,000.00
	Prior to the filing of this statement I have received			0.00
	Balance Due		\$	4,000.00
2. \$	310.00 of the filing fee has been paid.			
3. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5. I	I have not agreed to share the above-disclosed compen	nsation with any other person	n unless they are men	nbers and associates of my law firm
[☐ I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name			
5. I	n return for the above-disclosed fee, I have agreed to reno	der legal service for all aspec	cts of the bankruptcy	case, including:
b c.	 Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statenge Representation of the debtor at the meeting of creditors. [Other provisions as needed] Exemption planning; preparation and filing and filing of motions pursuant to 11 USC. 	nent of affairs and plan whice and confirmation hearing, a g of reaffirmation agree	th may be required; and any adjourned he ments and applica	arings thereof;
7. B	by agreement with the debtor(s), the above-disclosed fee dependence of the debtors in any disclosed fee debtors.	loes not include the followin	ng service: any other adversa	y proceeding.
		CERTIFICATION		
	certify that the foregoing is a complete statement of any aunkruptcy proceeding.	agreement or arrangement for	or payment to me for	representation of the debtor(s) in
Se	eptember 25, 2018	/s/ Xiaoming Wu		
Da	ute	notice@billbust	ney Borges, LLC 02 ax: 312-873-4693	
		Name of law firm		

Filed 09/28/18 Entered 09/28/18 14:02:40 Case 18-27360 Doc 1 Desc Main

DIOGNAM, WIP & BORGES, LLC.

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

ATTORNEY RETENTION CONTRACT

FOR OFFICE Client No. Responsible attorne

1. Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means Ledford, Wu & Borges, ıe

event of any inconsistency between this contract and a Court-Approved Retention Agreement, the latter shall prevail.
2. Services: Client retains Attorney for the following services: ☑ Chapter 13 bankruptcy (debt adjustment)
(a) Attorney will counsel and represent Client in all separate of the all
proceedings; (2) post-discharge litigation; (3) appeals; (4) other (specify):
(b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separatel by the parties.
by the parties.
4. Fees: (L600)
lotal fees for entire case: Legal fee \$ PILIS Eventual \$ 40
Total to be paid before filing: \$ with payroll control; \$ 370 without payroll control; \$ without payroll control; \$
TOTAL TO FILE: \$ 370 less retainer received to date: \$ 6 Fee balance: \$ 370 To be paid by: 1/7
The legal fee is an advance payment retainer security retainer classic retainer, and is a flat fee unless otherwise stated. Attorney
is unable to represent Client without receiving an advance payment retainer since a security retainer will be within the reach of Client's creditors. Should hourly billing be necessary. Attorney's billing rates are \$300, \$4000 to an few security retainer will be within the reach of Client's creditors.
Should hourly billing be necessary, Attorney's billing rates are \$300-\$400/hour for partners, \$250/hour for associates, and \$90/hour for law to the filing fee, expenses and billing rates are subject to change.
The legal fee covers the initial consultation and all subsequent works. The
Additional legal fees may apply if the parties have entered into a Court-Approved Retention Agreement and such Agreement so authorizes, or i
the case is converted from one chapter to another. Additional court costs may apply for amending a petition, list, schedule or statement post filing or other reasons not due to Attorney's fault. An NSE check or chargehood will be accounted to the converted from the case is converted from one chapter to another. Additional court costs may apply for amending a petition, list, schedule or statement post
5. Initial Consultation, Client acknowledges that Attorney has explained the following (places initial).
The options of Chapter / and Chapter 13 and that Client has made the choice identification by
The difference antong various types of retainer and that Client has made the chains identify to be
A proposed Chapter 13 plan must be confirmed by the court and the plan terms, including payment amount, are subject to change
The attorney's fees may be paid before or at the time of each payment to creditors under the plan and may vary in monthly amount of the case is dismissed, Client may lose real estate, automobile(s), wages or other assets and be subject to collection actions TIME IS OF THE ESSENCE Any delay on Client's part was linearly client was linear
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and the state of t
Other (specify):
Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and may change as the case is further analyzed, more facts discovered or Clients along the consultation available at the time, and may
so the law changed, more facts discovered, or Chent's circumstances or the law changed.
6. Client's Duties. Client agrees, during the course of representation, to:
(a) provide Attorney with full, accurate and timely information, financial and otherwise; (b) follow Attorney's procedures and accourate with Attorney is procedures and accourate with Attorney is procedures.
(b) follow Attorney's procedures and cooperate with Attorney in providing requested documents and information; (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty; (d) inform Attorney before buying celling references and the cooperate with Attorney before having celling references.
11 C
and the door, morating but not immed to applying 101 an allin loan, personal loan, payday loan on title land, and the land, and
(e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a proporty cottlement as a result of a res
spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement

7. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ outside counsel, at Attorney's expense, to work on this case, including: Kathleen W. Vaught, Kelly M. Johnson, David Carter, or Derek V. Lofland.

8. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, and Client will reimburse Attorney for any expenses, including those that otherwise would be free of charge, and authorizes Attorney to apply the filing fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein. A retainer in

the amount of \$300 or less is nonrefundable.	•	, and a solution of the foliation of the first
x John John X		Date: 8,30 //8
Aftorney Signature: ARDC #_		Copyright © 2018 Ledford, Wu & Borges, LLC.

United States Bankruptcy Court Northern District of Illinois

In re	Peter J. Forstner		Case No.	
		Debtor(s)	Chapter 13	
	VE	RIFICATION OF CREDITOR N	MATRIX	
		Number of	f Creditors:	59
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credi	itors is true and corre	ect to the best of my
Date:	September 25, 2018	/s/ Peter J. Forstner Peter J. Forstner		

Peter J. Forstner 2471 Dickens Drive Aurora, IL 60503

Xiaoming Wu ARDC Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602

A.R.M. Solutions P.O. Box 2929 Camarillo, CA 93011

Ad Astra Recovery 7330 W 33rd Street N Ste 118 Wichita, KS 67205

Advocate Medical Group P.O. Box 92523 Chicago, IL 60675

American Infosource LP 4515 N. Santa Fe Ave. Oklahoma City, OK 73118

Arnold Scott Harris, P.C. 111 W. Jackson Blvd Ste 600 Chicago, IL 60604

Aurora Emergency Physicians ATTN: 21797R PO Box 14000 Belfast, ME 04915

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Bank of America 4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634 BMO Harris Attn: Bankruptcy 770 N. Water Milwaukee, WI 53202

Cardworks/CW Nexus Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Cervantes Chatt & Prince P.C 16w343 83rd St Ste A 2017 LM 002195 Burr Ridge, IL 60527

Chicago Tribune Louisville, KY 40290

Chuhak & Tecson, P.C. 30 S. Wacker Dr Ste 2600 Chicago, IL 60606

City of Chicago Dept of Revenue P.O. Box 88292 Chicago, IL 60680-1292

City of Chicago Corporate Counselor 121 N. LaSalle Street Suite 600 Chicago, IL 60602

City of Chicago Dept. of Finance PO Box 6330 Chicago, IL 60680

Comenity Bank PO Box 182273 Columbus, OH 43218

Copley Memorial Hospital 2000 Ogden Ave. Aurora, IL 60506

Copley Memorial Hospital PO Box 352 Aurora, IL 60507

Critical Care Physician of IL PO Box 88087 Chicago, IL 60680

Ditech PO Box 94710 Palatine, IL 60094

Ditech Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709

Ditech Financial LLC fka Green Tre P.O. Box 6154 Rapid City, SD 57709

Ditech.com/GMAC Mortgage Attn: Bankruptcy 1100 Virginia Drive Fort Washington, PA 19034

Dreyer Clinic Inc. 28582 Network Place Chicago, IL 60673

Dreyer Medical Clinic 75 Remittance Drive Suite 1646 Chicago, IL 60675

Fox Valley Medical Associates 2020 Ogden Ave., Ste. 140 Aurora, IL 60504-5897

Health Lab P.O.Box 4090 Carol Stream, IL 60197 ICS PO Box 1010 Tinley Park, IL 60477-9110

Iliinois Tollway P.O.Box 5201 Lisle, IL 60532-5201

Illinois Department of Revenue Bankruptcy Section P.O.Box 64338 Chicago, IL 60664-0338

Illinois Department of Revenue P.O. Box 19035 Springfield, IL 62794

Internal Revenue Serivce P.O. Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service Mail Stop 5010 CHI 230 S. Dearborn St. Chicago, IL 60604

Lakewood Valley Homeowners Associat 2529 Dickens Dr Aurora, IL 60503

Lakewood Valley Townhome Condominiu 2529 Dickens Dr 2017 LM 002195 Aurora, IL 60503

Lendup Card Services I Attn: Bankruptcy, LendUp 237 Kearny St #197 San Francisco, CA 94108

Lendup Card Services I 225 Bush St Ste 1100 San Francisco, CA 94104 Midland Credit Management PO Box 2011 Warren, MI 48090

Midland Funding LLC PO Box 51319 Los Angeles, CA 90051

OneMain Financial Attn: Bankruptcy Department 601 Nw 2nd St #300 Evansville, IN 47708

Overstock 799 W. Coliseum Way Midvale, UT 84047

Pathology Assoc. of Aurora 5700 Southwyck Blvd. Toledo, OH 43614

Pep Boys 6247 South La Grange Road La Grange, IL 60525

Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541

Resurgent Capital Services P.O. Box 10368 Greenville, SC 29603

Secretary of State Safety & Financial 2701 S. Dirksen Parkway Springfield, IL 62723

Sprint P.O. Box 4191 Carol Stream, IL 60197 Sprint PO Box 54977 Los Angeles, CA 90054

Sprint P.O. Box 172408 Denver, CO 80217

Sprint Corp.
Attn Bankruptcy Dept
P.O.Box 7949
Overland Park, KS 66207-0949

Suburban Physicians LLC 4075 Fox Valley Center Drive Unit 3 Aurora, IL 60504

Valley Imaging Consultants LLC PO Box 371863 Pittsburgh, PA 15250

Verizon 500 Technology Dr Ste 550 Weldon Spring, MO 63304

Will County Collector 302 N. Chicago St. PIN 07-01-07-404-057-1002 Joliet, IL 60432-4059

Will County Collector P.O. Box 5000 PIN 07-01-07-404-057-1002 Joliet, IL 60434-5000

Will County Treasurer 302 N. Chicago St. PIN 07-01-07-404-057-1002 Joliet, IL 60432